

OSCAR REPORT 3
HISTORY FACILITY PROFILE

HOLLADAY HEALTHCARE CENTER
4782 SOUTH HOLLADAY BOULEVARD
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 465109 FACILITY BEDS
PHONE NUMBER: (801) 277-7002 TOTAL: 120
PARTICIPATION DATE: 02/13/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/08/2003

TOTAL: 68
MEDICARE: 7
MEDICAID: 45
OTHER: 16

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 120

18 18/19 19 ICF/MR
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120

CURRENT SURVEY REVISIT DATES - 03/10/2003

| PRIOR 3 SURVEY 07/2001 | S/S CODE | PRIOR 2 SURVEY 01/2002 | S/S CODE | PRIOR 1 SURVEY 08/2002 | S/S CODE | CURRENT SURVEY 01/08/2003 | S/S CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|---|
| | | | | X | E | X C | D | 03/09/2003 | REQ F0241-DIGNITY |
| | | | | X | D | | | | REQ F0250-MEDICALLY RELATED SOCIAL SERVICES |
| | | | | X | E | | | | REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT |
| | | | | | | X C | B | 03/09/2003 | REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES |
| | | | | X | B | | | | REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE |
| X | E | X | B | | | | | | REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING |
| | | X | G | | | | | | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
| | | | | X | B | | | | REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES |
| | | | | | | X C | E | 03/09/2003 | REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE |
| X | E | | | | | X C | D | 03/09/2003 | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | X | E | | | | REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY |
| | | | | | | | | | REQ F0494-NURSE AIDE TRAINING/COMPETENCY |
| | | | | | | | | | REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS |

EDITION OF LSC APPLIED

| 85 NEW PRIOR 3 SURVEY 07/2001 | 85 NEW PRIOR 2 SURVEY 01/2002 | 85 NEW PRIOR 1 SURVEY 08/2002 | 85 NEW CURRENT SURVEY 01/08/2003 | PLAN/DATE OF CORRECTION |
|--|--|--|---|----------------------------|
| | X | | | |
| | X | | | |
| | | X | | |
| X | | | X C | 02/28/2003 |
| | | | X C | 03/06/2003 |
| X | X | | | |
| X | | X | | |

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
K0021-DOORS IN FIRE AND SMOKE PARTITIONS
K0029-HAZARDOUS AREAS - SEPARATION
K0047-EXIT SIGNS
K0052-TESTING OF FIRE ALARM
K0061-MAIN SPRINKLER CONTROL
K0062-SPRINKLER SYSTEM MAINTENANCE
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 4 | 6 | 2 | 2 |
| HEALTH TOTAL | 4 | 6 | 2 | 2 |
| LIFE SAFETY CODE | 2 | 3 | 4 | 3 |
| LIFE SAFETY CODE + HEALTH | 6 | 9 | 6 | 5 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 07/31/2002 | UNSUBSTANTIATED |
| 10/22/2002 | UNSUBSTANTIATED |
| 01/08/2003 | SUBSTANTIATED |
| 04/28/2003 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

| SURVEY DATE | TYPE OF SURVEY |
|-------------|----------------|
| 03/22/2002 | COMPARATIVE |